

# EMPLOYEE & RETIREE HEALTH CARE RATES

## ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2021-JUNE 30, 2022

HMO Blue NE Employees	Total Premium Monthly		Town Share Monthly		Employee Share Monthly	Biweekly (24)
Individual	\$813.44	63%	\$512.48	37%	\$300.96	\$150.48
Family	\$2,155.57	63%	\$1,358.01	37%	\$797.56	\$398.78

### Call Firefighters

Individual	\$813.44		100%	\$813.44
Family	\$2,155.57		100%	\$2,155.57

Dental Blue Freedom Employees	Total Premium Monthly		Town Share Monthly		Employee Share Monthly	Biweekly (24)
Individual	\$42.50	63%	\$26.78	37%	\$15.72	\$7.86
Family	\$86.96	63%	\$54.78	37%	\$32.18	\$16.09

### Call Firefighters

Individual	\$42.50		100%	\$42.50
Family	\$86.96		100%	\$86.96

## RETIREES EFFECTIVE JULY 1, 2021-JUNE 30, 2022

HMO Blue NE Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$813.44	50%	\$406.72	50%	\$406.72
Family	\$2,155.57	50%	\$1,077.79	50%	\$1,077.78
Surviving Spouse	\$813.44			100%	\$813.44

*Under 65 and living outside of HMO Blue NE network*

Blue Care Elect PPO Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$1,022.86	50%	\$511.43	50%	\$511.43
Family	\$2,710.64	50%	\$1,355.32	50%	\$1,355.32
Surviving Spouse	\$1,022.86			100%	\$1,022.86

Dental Blue Freedom Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$42.50	50%	\$21.25	50%	\$21.25
Family	\$86.96	50%	\$43.48	50%	\$43.48
Surviving Spouse	\$42.50			100%	\$42.50

### **\*\*MEDEX W BLUE MEDICARE RX\*\***

### EFFECTIVE JANUARY 1, 2021-DECEMBER 31, 2021

	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly	
Retiree/Retiree Spouse	\$316.39	50%	\$158.20	50%	\$158.19	RENEW JAN 1, 2022
Surviving Spouse	\$316.39			100%	\$316.39	RENEW JAN 1, 2022